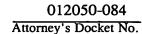
89695 alse



MBINED DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	PERSOI	NAL COMMUNICATION SYSTEM			
the	e specificati	ion of which (check only one item below):			
		is attached hereto.			
	\square	was filed as United States application			
		Number <u>09/973,824</u>	on	October 11, 2001	
		and was amended	on		(if applicable)
		was filed as PCT international application			• •
		Number	on		
		and was amended	on		(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APP	LICATION(S) AND ANY PRIORITY	CLAIMS UNDER 35 U.S.C. §	§119(a)-(d), 172 or 36	55:
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLA UNDER 35 U.S.C. 172 or 36	§§119
GERMANY	199 16 359.6	12 April 1999	X Yes	No
			Yes	No
			Yes	No
			Yes	N
			Yes	N



Combined Declaration and Power of Attorney for Utility or Design Patent Application Attorney's Docket No. <u>012050-084</u>
Page 2 of 3

I hereby appoint the following attorneys and agent(s) to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and to transact all business in connection with international applications directed to said invention:

William L. Mathis Robert S. Swecker Platon N. Mandros Benton S. Duffett, Jr. Norman H. Stepno Ronald L. Grudziecki Frederick G. Michaud, Jr. Alan E. Kopecki Regis E. Slutter Samuel C. Miller, III Robert G. Mukai George A. Hovanec. Jr. James A. LaBarre E. Joseph Gess R. Danny Huntington	17,337 19,885 22,124 22,030 22,716 24,970 26,003 25,813 26,999 27,360 28,531 28,223 28,632 28,510 27,903	Eric H. Weisblatt James W. Peterson Teresa Stanek Rea Robert E. Krebs William C. Rowland T. Gene Dillahunty Patrick C. Keane B. Jefferson Boggs, Jr. William H. Benz Peter K. Skiff Richard J. McGrath Matthew L. Schneider Michael G. Savage Gerald F. Swiss Charles F. Wieland III	30,505 26,057 30,427 25,885 30,888 25,423 32,858 32,344 25,952 31,917 29,195 32,814 32,596 30,113 33,096	Bruce T. Wieder Todd R. Walters Ronni S. Jillions Harold R. Brown III Allen R. Baum Brian P. O'Shaughnessy Kenneth B. Leffler Fred W. Hathaway Wendi L. Weinstein Mary Ann Dillahunty Donna M. Meuth Mark P. Kresloff	33,815 34,040 31,979 36,341 36,086 32,747 36,075 32,236 34,456 34,576 36,607 42,766
--	--	--	--	---	--

and:

Address all correspondence to:



21839

Ronald L. Grudziecki

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

P.O. Box 1404

Alexandria, Virginia 22313-1404

Address all telephone calls to: Ronald L. Grudziecki at (703) 836-6620.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	Francisco PARKA MOYANO
Signature	/ Souther april
Date	11-MAR-2002
Residence (City, State, Country)	Madrid, SPAIN
Citizenship	Spanish
Mailing Address	Valdecanillas, 88-71, E-28037 Madrid, SPAIN
City, State, ZIP, Country	E-28037 Madrid, SPAIN
FULL NAME SECOND INVENTOR, IF ANY	Javier PEREZ FERNANDEZ
Signature	- aven
Date	11-MAR-2002
Residence (City, State, Country)	Madrid, SPAIN
Citizenship	Spanish
Mailing Address	Camino Vinateros, 7-4° A, E-28030 Madrid, SPAIN
City, State, ZIP, Country	E-28030 Madrid, SPAIN



Combined Declaration and Power of Attorney for Utility or Design Patent Application Attorney's Docket No. <u>012050-084</u> Page 3 of 3

FULL NAME THIRD INVENTOR, IF ANY	Cristina RUIZ BALMASEDA
Signature	^ AUS
Date	11-3-2002
Residence (City, State, Country)	Las Matas (Madrid), SPAIN
Citizenship	Spanish
Mailing Address	Mediodia, 13, E-28290 Las Matas (Madrid), SPAIN
City, State, ZIP, Country	E-28290 Las Matas (Madrid), SPAIN
FULL NAME FOURTH INVENTOR, IF ANY	Fernando INIGO TORRE
Signature	F. 15:18
Date	11-3-2002
Residence (City, State, Country)	Leganes (Madrid), Spain
Citizenship	Spanish
Mailing Address	Avenida De Europa, 45, E-28915 Leganes (Madrid), Spain
City, State, ZIP, Country	E-28915 Leganes (Madrid), Spain
FULL NAME FIFTH INVENTOR, IF ANY	Javier ARAUZ ROSADO
Signature	ADRAGE
Date	11-3-2002
Residence (City, State, Country)	Madrid, SPAIN
Citizenship	Spanish
Mailing Address	La Cenicenta, 2 Portal, 13 Atico, E-28018 Madrid, SPAIN
City, State, ZIP, Country	E-28018 Madrid, SPAIN
FULL NAME SIXTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME SEVENTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	<u> </u>